

SEROLOGY SUBMISSION FORM

Indiana Animal Disease Diagnostic Laboratories

ADDL at Purdue University

406 S University St
West Lafayette, IN 47907-2065
P: 765-494-7440 F: 765-494-9181

Heeke ADDL - SIPAC

11367 E Purdue Farm Road
Dubois, IN 47527-9666
P: 812-678-3401 F: 812-678-3412

ADDL USE ONLY # PAGES:

DELIVERED:	ARRIVED:	CONDITION:
<input type="checkbox"/> UPS	<input type="checkbox"/> Chilled	<input type="checkbox"/> Good
<input type="checkbox"/> FedEx	<input type="checkbox"/> Frozen	<input type="checkbox"/> Broken Jar
<input type="checkbox"/> DHL	<input type="checkbox"/> Room Temp	<input type="checkbox"/> Leaked
<input type="checkbox"/> USPS	<input type="checkbox"/> Cold Pack	
<input type="checkbox"/> Exp Mail	<input type="checkbox"/> Dry Ice	
<input type="checkbox"/> Drop-Off	<input type="checkbox"/> None	

ADDL BARCODE

VETERINARIAN:

Name _____

Indiana License # _____

Clinic _____

Address _____

City, State, ZIP _____

Phone _____ Fax _____

Results: Fax Email _____

Additional Results by:

Email _____ Fax _____

ANIMAL:

Site/Farm/Unit _____

Address _____

City, State, ZIP _____

Site/Farm/Unit Phone _____

Premises ID _____

PREMISES ID
BARCODE

**SIGNATURE REQUIRED FOR
REGULATORY SUBMISSION:**

OWNER:

Name _____

Address _____

City, State, ZIP _____

Veterinarian _____

Bill to Veterinarian Bill to Owner (Phone) _____ Purdue Fund _____

Bill to Third Party (Name/Phone) _____ RIO/SIO _____

SEROLOGY SUBMISSION REASON

- Initial Test Retest
- Exhibition Sale
- Herd Test Diagnostics
- Herd Certification/Validation
- Interstate movement
- Post move quarantine & test
- Other: _____
- Export to: _____

PLEASE INCLUDE COPY OF EXPORT REQUIREMENTS

SPECIES

- Bovine Feline
- Canine Ovine
- Caprine Porcine
- Cervid Other
- Equine

BLEED DATE

____ / ____ / ____

ADDITIONAL INFORMATION/SPECIAL INSTRUCTIONS/OTHER TESTS

VACCINE USAGE

Vaccine Name(s) and Date(s) Given: _____

BRUCellosis

Complete herd test of all eligible animals: Yes No

Number of animals in herd: _____

All requested tests will be run on all samples, unless otherwise indicated in the "ID #s" field (e.g. 1-4 Rotavirus (IFA) 5 Lentivirus (ELISA))

TESTS REQUESTED: (List Tube numbers and animal information on Page 2)

MULTI-SPECIES

- _____ *Brucella abortus, Brucella suis* (BAPA)
- _____ *Brucella abortus, Brucella suis* (CARD)
- _____ *Leptospira* (MAT) 7 serovars
- _____ *Toxoplasma gondii* (IFA)
- _____ Vesicular Stomatitis V. (VN) NJ & IN**
- _____ Wallaby Retrovirus (IFA)

EQUINE

- _____ Equine Arteritis Virus (VN)**
- _____ Equine Infectious Anemia (AGID)**
- _____ Equine Infectious Anemia (ELISA)**
- _____ Equine Rotavirus (IFA)
- _____ *Neorickettsia risticii* (IFA) - PHF
- _____ *B. caballi* (cELISA) - Piroplasmosis
- _____ *T. equi* (cELISA) - Piroplasmosis

PORCINE

- _____ *Mycoplasma hyopneumoniae* (ELISA)
- _____ Porcine Circovirus (IFA)
- _____ Porcine Epidemic Diarrhea Virus (IFA)
- _____ Porcine Parvovirus (IFA)
- _____ Porcine Rotavirus (IFA)
- _____ PRRS (3X ELISA)
- _____ PRRS - EU (IFA)
- _____ PRRS - NA (IFA)
- _____ Pseudorabies Virus gB (ELISA)
- _____ Transmissible Gastroenteritis (VN)**

PRRS PCR TESTING

- _____ PRRS, Individual (PCR)
- _____ PRRS, Pooled in Groups of ____ (up to 5) (PCR)
- Test PCR Positive Pools Individually
- Virus Isolation (If PCR positive)
- Sequence ORF 5 (If PCR positive)

RUMINANTS

- _____ *Anaplasma* spp. (ELISA)
- _____ Bovine Coronavirus (IFA)
- _____ Bovine Leukemia Virus (ELISA)
- _____ Bovine Rotavirus (IFA)
- _____ *C. pseudotuberculosis* (ELISA) - CL
- _____ Lentivirus (ELISA) - CAE/OPP
- _____ *M. avium ssp. paratuberculosis* (ELISA) - Johne's
- _____ *Neospora caninum* (ELISA)
- _____ Ruminant Pregnancy (ELISA)
- Days Post Breeding _____
- _____ Small Ruminant Serology Panel (Johne's, CAE/OPP, CL)

SMALL ANIMAL

- _____ *Brucella canis* (IFA)
- _____ Canine Coronavirus (IFA)
- _____ Canine Distemper Virus (IFA)
- _____ Canine Herpesvirus (IFA)
- _____ Canine Parainfluenza V. (IFA)
- _____ Canine Parvovirus (IFA)
- _____ Feline Coronavirus (IFA)
- _____ Feline Herpesvirus (IFA)
- _____ Feline Panleukopenia V. (IFA)

BVDV ANTIGEN TESTING

- _____ BVDV, Individual (PCR)
- _____ BVDV, Pooled in Groups of ____ (up to 5) (PCR)
- _____ BVDV ACE (Antigen Capture ELISA)

** EIA testing requires serum samples **must be submitted with a completed GVL, VSPPS, or USDA VS 10-11 carbon form.** See the ADDL website for more information.

** Testing will be completed by a competent subcontractor.

The owner of the animal or any agent acting with the express authority of the owner agrees that the specimens have been submitted to ADDL and will be handled by ADDL in accordance with ADDL testing procedures, policies, and fees. This handling will include all specified testing and safe disposal of the animal's remains. Specimens and derived isolates become the property of the Indiana ADDL and may be used for teaching or research purposes. The owner expressly consents to such use. In addition to the testing specified above, additional testing may be done: 1) to meet state or federal surveillance programs, 2) by order of state or federal animal health officials, or 3) when a Foreign Animal Disease is suspected. This form only lists frequently requested tests. For the complete list of tests, consult the ADDL Fee Schedule.

Visit us at www.addl.purdue.edu

CF.752 Serology Submission Form 07/01/2023

SEROLOGY SUBMISSION FORM PG. 2

Indiana Animal Disease Diagnostic Laboratories

Please use the Multiple Animal Continuation Form for additional animals/samples. If using the form, include all samples on the Multiple Animal Continuation Form.

VETERINARIAN:

Name _____

OWNER:

Name _____

SAMPLES SUBMITTED:

Please visit www.addl.purdue.edu for current sample submission guidelines

ID/Tube	Animal ID	Breed	Sex	Age
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Please see bottom of page 1 for ADDL Legal Disclaimer

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If you have trouble accessing this document because of a disability, please contact PVM Web Communications at vetwebteam@purdue.edu.

Visit us at www.addl.purdue.edu

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